

Rate Enhancement Programs – Open Enrollment

Provider Finance Department

Welcome





What's in it for you?

YOU WILL UNDERSTAND THE BENEFITS OF THE RATE ENHANCEMENT PROGRAM.



YOU WILL BE ABLE TO ENROLL IN THE RATE ENHANCEMENT PROGRAM.

YOU WILL HAVE ACCESS TO THIS INFORMATION WHENEVER NEEDED.

Learning Objectives



01

UNDERSTAND WHAT
THE ATTENDANT
COMPENSATION RATE
ENHANCEMENT PROGRAM
AND THE NURSING
FACILITY DIRECT CARE
STAFF RATE ENHANCEMENT
PROGRAM IS ALL ABOUT.

02

COMPLETE AN ENROLLMENT IN THE RATE ENHANCEMENT PROGRAM

03

UNDERSTAND RATE ENHANCEMENT PROGRAM RESPONSIBILITIES FOR PROVIDERS AND PREPARERS

Nursing Facility (NF) History

Rate Enhancement Programs were implemented on May 1, 2000

2000-01 General Appropriations Act, H.B. 1, 76th Legislature, Regular Session, 1999, (Article II, HHSC, Rider 37)

Title 1, Texas Administrative Code (TAC) §355.308



Community Care (CC) History

Rate Enhancement Programs were implemented on September 1, 2000

2010-11 General Appropriations Act, H.B. 1, 81st Legislature, Regular Session, 2009 (Article II, HHSC, Rider 37,). For CLASS, DBMD, DAHS, PHC and RC

Title 1, Texas Administrative Code (TAC) §355.112



Intellectual or Developmental Disabilities (IDD) History

Rate Enhancement Programs were implemented on September 1, 2010

2010-11 General Appropriations Act, H.B. 1, 81st Legislature, Regular Session, 2009 (Article II, HHSC, Rider 37,). For HCS and TxHmL and ICF/IID

Title 1, Texas Administrative Code (TAC) §355.112





Rate Enhancement programs are voluntary

Why Rate Enhancement?



To incentivize providers to increase attendant compensation or direct care compensation to improve quality of care.

Why Rate Enhancement?



Providers are held accountable for the expenditures of any enhancement funds.

HHSC uses Cost and Accountability reports to verify Staffing and Spending requirements.

Why Rate Enhancement?



Providers benefit from an increase in revenue used to pay for direct or attendant care staff compensation.

NF Requirements

Facilities who participate in the direct care staff enhancement agree to maintain a certain level of staffing.



Agree to spend 85% of their direct care staff compensation revenues on direct care staff compensation.

CC Requirements



Agree to spend 90% of their attendant revenues on attendant compensation.



Levels and Add-on Rates

Levels



Levels are monetary increments above the base rate that can go as high as 27 for NF, 35 for CC and 25 for IDD.



HCS Add-Ons



Home and Community-Based Services				
Category	Services	Unit Type	Add-on per Unit	Number of Levels
Day Habilitation Services	Day Habilitation Services	Daily	\$0.10	25
Non-Day Habilitation Services	Supported Home Living, CFC PAS/HAB, Respite, Employment Assistance, Supported Employment	Hourly	\$0.05	25
Residential Services	Residential Support Services, Supervised Living	Daily	\$0.40	25

ICF/IID Add-Ons



Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions				
Category	Services	Unit Type	Add-on per Unit	# of Levels
Day Habilitation Services	Day Habilitation Services	Daily	\$0.10	25
Residential Services	Residential Services	Daily	\$0.40	25

NF Add-Ons



Nursing Facilities				
Unit Type	Add-on per Unit of service	# of Levels		
Daily Care Services	\$0.40	27		

Community Care Add-Ons



Community Care				
Programs	Services	Unit Type	Add-on per Unit	# of Levels
CLASS Waiver	CFC PAS/HAB And HAB Transportation; SE and EA	Hourly	\$0.05	35
DBMD Waiver	CFC PAS/HAB And Res. HAB Transportation; Day Hab SE and EA; Intervener	Hourly	\$0.05	35

Community Care Add-Ons



Community Care				
Programs	Services	Unit Type	Add-on per Unit	# of Levels
DAHS	DAHS	Half- day	\$0.05	35
PHC	Priority/Non- Priority	Hourly	\$0.05	35
RC	Apartment/ Non-Apartment	Daily	\$0.05	35

Things to consider when making your participation decision



The following list is not all-inclusive and there may be other facts to consider in deciding whether to participate.

- Consider the impact of reduced turnover (due to paying higher wages) on your recruiting and training expenses.
- Consider the impact of paying higher wages on the quality of care you deliver to your clients.
- Consider if you are willing to meet spending and other program requirements to avoid recoupment.





Enrollment Process

Steps to successfully enroll in rate enhancement

Participation Agreement



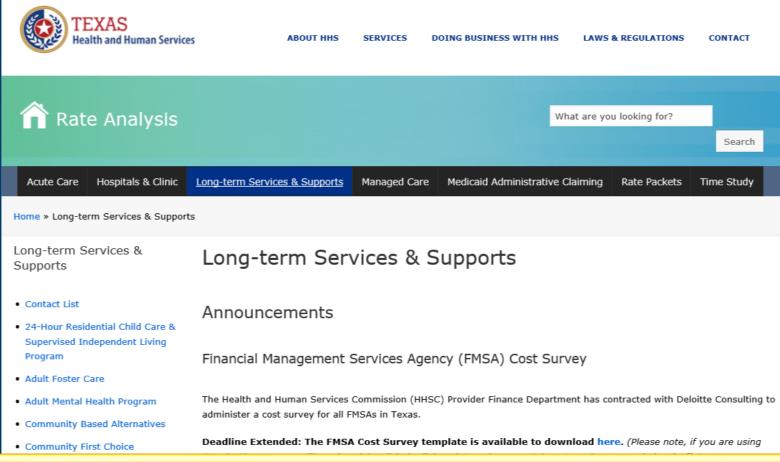
Enrollment Contract Amendment (ECA)

The ECA must be signed by an authorized signatory as identified by form 2031

Enrollment in the Rate Enhancement is held from July 1-31

Website





https://pfd.hhs.texas.gov/long-term-services-supports/enrollment-information





ABOUT HH

SERVICES

DOING BUSINESS WITH HHS

LAWS & REGULATIONS

What are you looking for?

ONTACT

Rate Analysis

Adult Mental Health Program

- · Community Based Alternatives
- Community First Choice
- Community Living Assistance & Support Services
- Comprehensive Rehabilitation Services Program
- Consumer-managed Personal Assistance Services
- · Cost Report Training
- · Day Activity & Health Services
- Deaf-blind Multiple Disabilities
 Waiver
- Emergency Response Services
- · Frequently Asked Questions
- Home and Community-based

- Community Living Assistance & Support Services
- Comprehensive Rehabilitation Services Program

The Health and Human Services Commission (HHSC) Provider Finance Department has contracted with Deloitte Consulting to administer a cost survey for all FMSAs in Texas.

Deadline Extended: The FMSA Cost Survey template is available to download here. (Please note, if you are using Google Chrome, you will need to right-click the link and Open in a new Tab or Open in a New Window.) All Surveys are due by email by 11:59 p.m. on May 19th, 2021.

Please return all completed cost surveys to Deloitte Consulting at FMSACostReporting@deloitte.com

FMSA Cost Survey Webinar Video (.wmv) (3/19/2021)

→ FMSA Cost Survey FAQs

Overview of the Foster Care Rate Methodology Study

View the Overview of the Foster Care Rate Methodology Study Webinar Slides (.pdf) (02/24/2021)

View the Overview of the Foster Care Rate Methodology Study Webinar Video (.wmv) (02/24/2021)

Cost/Accountability Reports Information

Google Chrome, you will need to right-click the link and Open in a new Tab or Open in a New Window.) All Surveys are due by email by 11:59 p.m. on May 19th, 2021.

Please return all completed cost surveys to Deloitte Consulting at FMSACostReporting@deloitte.com

FMSA Cost Survey Webinar Video (.wmv) (3/19/2021)



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- · Texas Home Living
- Youth Empowerment Services
 Waiver Program

Effective September 1, 2009 (.pdf)

Effective August 1, 2009 (.pdf)

Effective August 1, 2008 (.pdf)

Effective September 1, 2007 (.pdf)

Effective August 1, 2007 (.pdf)

Effective September 1, 2006 (.pdf)

Effective September 1, 2005 (.pdf)

Effective September 1, 2004 (.pdf)

Effective September 1, 2003 (.pdf)

Effective September 1, 2002 (.pdf)

Effective September 1, 2001 (.pdf)

Effective September 1, 2000 (.pdf)

Rate Enhancement - Attendant Compensation

View 2022 Rate Enhancement – Attendant Compensation Information

View 2021 Rate Enhancement - Attendant Compensation Information

View 2020 Rate Enhancement - Attendant Compensation Information

View 2019 Rate Enhancement - Attendant Compensation Information

Training Information

View Cost Report Training information

View Rate Enhancement Report Training information

View Rate Enhancement Enrollment Training information



Other Documents Important To The Enrollment Information:

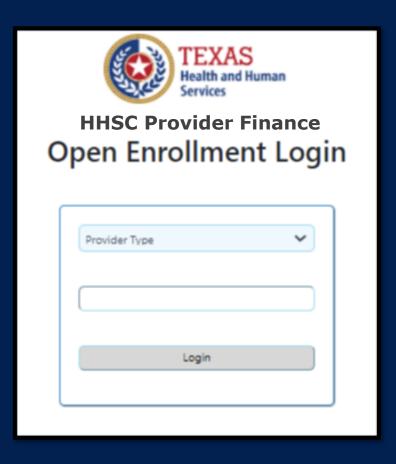
View the Participation Status - Levels Awarded

View the Enrollment Contract Amendment Instructions

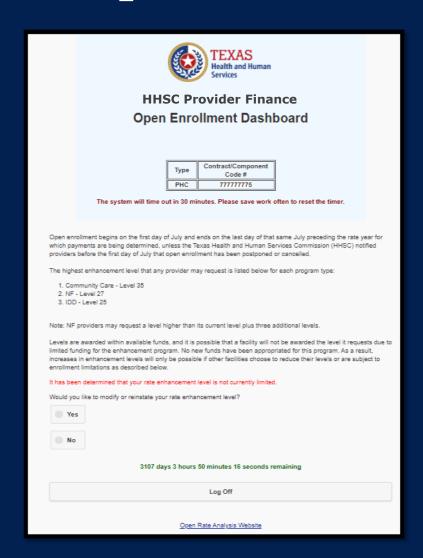
Complete the <u>Enrollment Contract Amendment form</u> (Recommended browser Google Chrome)

View the Enrollment Worksheets and Instructions















TEXAS HEALTH AND HUMAN SERVICES COMMISSION (HHSC) PRIMARY HOME CARE (PHC)

Attendant Compensation Rate Enhancement Enrollment Contract Amendment

IMPORTANT: The completed Enrollment Contract Amendment must be received by 5:00 p.m., Jul 31

By execution of this Enrollment Contract Amendment, I acknowledge receipt of the Enrollment Contract Amendment to the **Primary Home Care (PHC)** contract. I agree to accept and be bound by the aforementioned Enrollment Contract Amendment and the rules in Title 1 of the Texas Administrative Code (TAC) §355.112 for Medicaid programs as a revision to my contract.

The purpose of the Enrollment Contract Amendment is to implement the legacy Texas Department of Aging and Disability Services (DADS) appropriations rider 37 passed by the 76th Legislature [General Appropriations Act, 76th Leg., R.S., Art. II, "Department of Aging and Disability Services," (rider no. 37)] through the establishment of procedures for increased wages and benefits for community care attendants. Providers agreeing to participate and receiving the additional funds must demonstrate compliance with additional requirements and must spend the additional funds intended for attendant wages and benefits as specified, or the funds intended for those purposes will be recouped by HHSC. For providers who choose not to participate in the enhancement program and not receive additional funds, the attendant compensation rate component will remain constant over time, except for adjustment necessitated by increases in the federal minimum wage.

Contracts from which HHSC Rate Analysis has not received an acceptable request to modify their enrollment by 5:00 p.m. on Jul 31 will continue with the service category(ies) and levels of participation in effect during the open enrollment period within available funds.

An initial enrollment contract amendment is required from each provider choosing to participate in the attendant compensation rate 2021 cement. On the enrollment contract amendment, the provider must specify for each contract a desire to participate or not and a preferred participation level.

For PHC contracts, providers must specify to have priority, nonpriority or both priority and nonpriority services participate in the attendant compensation rate enhancement.



		View a list of current levels		
☐ Yes, this contract chooses to enroll i	in Attendant Compensation Rate Enhancement.	~		
Enter the requested enhancement level in the box labeled "Requested Level" for each service. (must indicate a level between 1 and 35). NOTE: Levels are awarded within available funds, and it is possible that you will not be awarded the level you request due to limited funding for the enhancement program.		Requested Level for Priority		
		~		
□ No, this contract chooses not to enr	oll in Attendant Compensation Rate Enhancement;	Requested Level for Nonpriority		
or requests to withdraw participation from	m the Attendant Compensation Rate Enhancement.			
777777775	Test PHC	10.0		
9-Digit Contract Number - PHC	Name of Authorized Signatory per HI Signature Authority Designation Form (must be the person submitting this fo	n (Form 2031)		
Legal Entity Name as it appears on con	tract	_		
Street Address of Legal Entity				
Legal Entity City	State Legal Entity Zip Code			
E-mail Address of Authorized Signatory				
DEC Last month of the IRS fiscal year for this entity. If this is incorrect please call (512) 438-2680.				
Telephone Number Facsimile Number				
☐ I attest I am the Authorized Signatory for the above contract number and Legal Entity per the HHSC Signature Authority Designation Form (Form 2031) and all information included in this form is accurate and complete by as entered.				
Date Submitted: Submission of Form: 1. Verify all data. 2. Submit the form by clicking the submit button.				
Plea	Logout Submit Request sub-weigh all data before submitting.			

Contact us



For Assistance with:	Telephone	E-mail
Cost or Accountability Report completion, instructions, informal reviews and/or general guidance	(512) 424-6637	pfd-ltss@hhs.texas.gov



Thank you

HHSC LTSS Center for Information and Training Please enroll before July 31.